

Children's Choice Early Learning Center LLC

Application for Employment

Equal Opportunity Employer

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____ BIRTHDAY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT DESIRED

POSITION _____ AVAILABLE START DATE _____

HOURLY WAGE REQUESTED _____

1. ARE YOU EMPLOYED NOW? YES / NO
2. MAY WE CONTACT YOUR EMPLOYER? YES / NO
3. HAVE YOU EVER APPLIED WITH CHILDREN'S CHOICE BEFORE? YES / NO
 - IF SO, WHEN? _____
4. HAVE YOU EVER BEEN CONVICTED OF SEXUAL ABUSE OR ANY OTHER FELONY? YES / NO

EDUCATION HISTORY

NAME OF SCHOOL	YEARS ATTENDED	GRADUATE?
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HIGH SCHOOL

_____	_____	_____
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COLLEGE/TRADE/BUSINESS SCHOOL

_____	_____	_____
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GENERAL INFORMATION

SUBJECTS OR SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING SKILLS

EMPLOYMENT HISTORY

EMPLOYMENT DATES	ADDRESS/ PHONE NUMBER	SALARY/ WAGE	POSITION HELD	REASON FOR LEAVING

REFERENCES

THREE REFERENCES NEEDED. ELIGIBLE REFERENCES CANNOT BE RELATED TO YOU AND MUST BE KNOWN FOR AT LEAST ONE YEAR.

NAME ADDRESS BUSINESS YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorise investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that might result from utilisation of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorised representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

APPLICATIONS NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED.

SIGNATURE _____ DATE _____

OFFICE USE

REMARKS _____

HIRED- YES/ NO

START DATE-

STARTING WAGE-

APPROVED BY _____